

# PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
<p>12M2/0916</p> <p>FITZPATRICK CELLA HARPER AND SCINTO</p> <p>277 PARK AVENUE</p> <p>NEW YORK NY 10172</p>	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/471,200	06/06/95	060	JORDAN, K	1205 09/16/95
First Named Applicant				
BREIVIK, HARALD				
TITLE OF INVENTION				
FATTY ACID COMPOSITION				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 1526.100D	514 560.000	E19	UTILITY	NO	\$1250.00	12/16/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1. FITZPATRICK, 2. CELLA, HARPER 3. & SCINTO

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
(1) NAME OF ASSIGNEE Norsk Hydro a.s	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 06-1205 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies Ten (10) <input type="checkbox"/> Any Deficiencies in Enclosed Fees
(2) ADDRESS (CITY & STATE OR COUNTRY) Oslo, Norway	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	
The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <i>Anne M. Maher</i> (Date) 09/23/96 Registration No. 78,231 NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

## 1. CORRESPONDENCE ADDRESS

12M2/0916  
 FITZPATRICK CELLA HARPER AND SCINTO  
 277 PARK AVENUE  
 NEW YORK NY 10172

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
06/471,200	06/06/95	063	JORDAN, R	1205 09/16/96

TITLE OF INVENTION  
 BREIVIK, HARALD  
 FATTY ACID COMPOSITION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1526.100B	514-566.000	019	UTILITY	NO	\$1250.00	12/16/96

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## 2a. The following fees are enclosed:

☒ Issue Fee ☐ Advance Order - # of Copies 09.18 767

## 2b. The following fees should be charged to:

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☐ Issue Fee ☒ Advance Order - # of Copies Ten (10)  
☐ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

*Anne M. Maher*  
 Registration No. 38-231

09/23/96

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSFER THE FEE FROM PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT

Assistant Commissioner for Patents  
Washington, D.C. 20231

Date 09, 23, 96  
Mo. Day Yr.  
Atty. Docket 126.100B  
Application No. 08 471,200

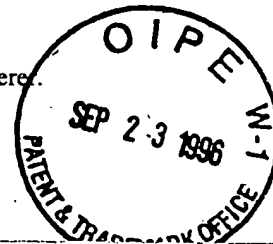
Sir:

Kindly acknowledge receipt of the accompanying:

- ☐ Response to Official Action. \_\_\_\_\_
- ☐ Check for \$ \_\_\_\_\_ (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ \_\_\_\_\_
- ☐ Notice of Appeal and Check for \$ \_\_\_\_\_
- ☐ Information Disclosure Statement, PTO-1449 and \_\_\_\_\_ documents
- ☐ Claim for priority and certified copies of \_\_\_\_\_ priority applications
- ☒ Issue fee transmittal and Check for \$ 1250.00
- ☐ Other (specify) \_\_\_\_\_

by placing your receiving date stamp hereon and returning to deliver.

Atty. JWBIAMMI Due Date 12, 16, 96  
Mo. Day Yr.



FOHS-D-95

Assistant Commissioner for Patents  
Washington, D.C. 20231

Date 02/28/97  
Mo. Day Yr.

Atty. Docket

1526-100B

Application No.

08/47/200

Sir:

Kindly acknowledge receipt of the accompanying:

- ☐ Response to Official Action. \_\_\_\_\_
- ☐ Check for \$ \_\_\_\_\_ (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ \_\_\_\_\_
- ☐ Notice of Appeal and Check for \$ \_\_\_\_\_
- ☐ Information Disclosure Statement, PTO-1449 and \_\_\_\_\_ documents
- ☐ Claim for priority and certified copies of \_\_\_\_\_ priority applications
- ☐ Issue fee transmittal and Check for \$ \_\_\_\_\_

☒ Other (specify) Status Inquiry and copies of Sept. 23, 1996  
by placing your receiving date stamp hereon and returning to deliverer. Filing

Atty. JNB/AMM/gmc

Due Date

N / D / D  
Mo. Day Yr.

